

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030348

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7668

FILED AUG 1 1963

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

8-13-63

2-2-1962

3-2-1892

8

8-13-63

43

71

9

DOCUMENT
Baptismal Cert. Church of St. Louis
BY AFFIDAVIT OF Fun. Director

1. PLACE OF DEATH XXXXX City of St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis, Mo.		c. CITY OR TOWN St. Louis, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) Firmen Desloge Hosp.		d. STREET ADDRESS (If outside, give location) 1419 So. Ewing	
3. NAME OF DECEASED (Type or print) First THERESA Middle ELIZABETH Last NORTON		4. DATE OF DEATH Month July Day 24, Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-2-29
9. AGE (last birthday) 45		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		12. KIND OF BUSINESS OR INDUSTRY St. Louis Mo	
13a. FATHER'S NAME (Norton, Patrick)		13b. MOTHER'S MAIDEN NAME (Walsh, Mary)	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		15. SOCIAL SECURITY NO.	
16. INFORMANT Mae M. Norton 1419 So. Ewing		17. NAME OF HUSBAND OR WIFE None.	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARREST DUE TO (b) CONGESTIVE HEART FAILURE DUE TO (c) ETIOLOGY UNKNOWN. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4341 PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 0 8 wks.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 7-2-63 to 7-24-63 and last saw her alive on 7-24-63 Death occurred at 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Donald R. S. Swann M.D.		22b. ADDRESS Firmen Desloge Hospital	
22c. DATE SIGNED 7/25/63		22d. STATE (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/27/63	
23c. NAME OF CEMETERY OR CREMATORY Calvary		23d. LOCATION (City, town, or county) St. Louis Mo	
24. FUNERAL DIRECTOR E.J. Schnur 3125 Lafayette		25. DATE RECD. BY LOCAL REG. JUL 26 1963	
26. REGISTRAR'S SIGNATURE Karl Smith M.D.			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John Brubley

Licensed Embalmer No. 3653

P. O. Address

St Louis 8 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.